

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7000 1530 0000 9414 8796

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To Allen Thomas
Street, Apt. No., or PO Box No. 8776 E. Truax Rd
City, State, ZIP+4 Fairfield WA 99012
PS Form 3800, May 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

THOMAS, ALLEN
8776 E TRUAX RD
FAIRFIELD, WA 99012

RECEIVED
MAR 20 2012
DEPARTMENT OF
WATER RESOURCES

2. Article Number

(Transfer from service label)

7000 1530 0000 9414 8796

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Kimberly Thomas
B. Received by (Printed Name)

☐ Agent

☐ Addressee

C. Date of Delivery

3-15-12

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540